

**REMARKS**

Claims 2, 4-11, 13-16, 18, 20-22, and 24-28 have been amended. Claims 3, 12, and 23 have been canceled. Claims 29 and 30 have been added. Claims 2, 4-11, 13-22, and 24-30 are all the claims pending in the application.

***Formal Matters***

Applicant thanks the Examiner for acknowledging and accepting the drawings filed on May 25, 2001. Applicant also thanks the Examiner for acknowledging claim to foreign priority under 35 U.S.C. § 119 and receipt of a certified copy of the priority document. Applicant thanks the Examiner for reviewing and initialing the Information Disclosure Statement submitted on June 25, 2004.

The Examiner has objected to the Abstract of the Disclosure because it exceeds 150 words and repeats information provided in the Title. Applicant herein submits a revised Abstract in conformance with the 150 word limit.

***Claim 1***

Independent claim 1 has not been rejected, and no supplemental Office Action has been issued. Applicant therefore thanks the Examiner for allowing claim 1.

***Claim Rejections -- 35 U.S.C. § 102***

Claims 2-17 and 22-26 stand rejected under 35 U.S.C. § 102(b) as allegedly being anticipated by US Patent No. 5,823,948 to Ross. Claim 2 has been amended to incorporate the

limitations from claims 3 and 12. Claim 22 has been rewritten to incorporate the limitations from claim 23. Claims 8, 20, 24, and 25 have been rewritten in independent form.

With regard to independent claims 2 and 8, the claims require a control server that judges whether a user who transmitted a request is a user who has a access right or not, and if the user has such an access right, the control server either obtains the requested medical record of the patient (claim 8) or stores the medical record (claim 12) from/to the electronic medical record storing server. The Examiner maintains that this limitation is met by virtue of the “security validation module” of Ross and by virtue of the teachings of Ross at col. 3, lines 33-43. However, Applicant respectfully disagrees.

The security validation module of Ross merely describes that personnel using Ross’ system must clearly demonstrate their identity to gain access to the system using a variety of methods depending on the system configuration. These methods range from passwords to smartcard technology to a magnetic card or other personal ID technologies. The user identity establishes “rights” to use various functions of the system, such as rights to generate prescriptions, to implement procedures, etc.

At column 3, lines 33-43, Ross describes that the computer system has security measures which limit access to the system. A caregiver approaches a station terminal and inserts a security card, which activates a station terminal. The user is then automatically identified and “areas” in which the user has “rights” are made available. All entries made by the caregiver are then

attributed to the correct user. When entries are complete, the card is pulled out of the reader, and the system stores all entered data and the terminal is returned to a protective state.

This general description of a security validating procedure does not meet the claimed limitation. The validation procedures of Ross merely validate a user to access the entire system, and provide rights to certain functions or areas of the system. However, in Ross, all users, once so validated, have automatic access to all patient records. Thus, Ross does not disclose that a control server makes a rights determination *after* a request for a patient record has been made. Ross also does not disclose that based on that request, the medical record of the patient is sent to the user or to the server. Therefore, independent claims 8 and 12 are patentable over Ross for at least this reason. Claims 10, 14, and 16 each depend from independent claims 8 or 12, and are therefore patentable based at least on their dependency.

Independent claim 4 recites the limitation that when requested electronic medical records are not stored in a medical record temporary storing server, which is present on the electronic medical records showing means, the temporary storing server transmits the request to the electronic medical record information managing means through a first communication unit. The Examiner maintains that this limitation is meant by virtue of the teachings of Ross at col. 4, lines 60-65, and col. 5, lines 34-37 and 40-52. However Applicant respectfully disagrees.

At the cited lines, Ross does disclose that the peripheral terminals have individual central processing unit with hard disks. However, at col. 5, lines 34-37 and 40-52, Ross teaches that file servers provide data and software from file servers through a network hub to multiple networked

CPUs, and that the patient data is transferred from the CPUs to the file server. Thus, storage on the hard disk of the peripheral terminals is limited to data being input to the terminal. Multiple patient records are not stored on the peripheral CPU hard drives. In other words, these lines show that data is stored on the file servers and transmitted to the peripheral CPUs, which is the exact opposite of the claim. Applicant draws the Examiner's attention to col. 5, lines 42-46 where Ross states that text on particular patients is stored *in the file server* with the table data, and word and sentence generation and coordination software is stored in the peripheral CPUs. Thus, Ross teaches that software is stored in the peripheral CPUs; however the patient records are stored in the file server.

Even if the hard disks, which allegedly correspond to the claimed temporary storage server, store records on the peripheral CPUs, Ross does not show that the temporary storing server on the terminal is checked first to see if patient records are present, and that if data is not stored, the temporary storing server transmits a request to a centralized server, as required by claim 4. Therefore independent claim 4 is patentable over Ross for at least these reasons. Moreover, claims 5, 6, 7, 9, 11, 13, 15, and 17 each depend from independent claim 4, and are therefore patentable over Ross based at least on their dependencies.

With further regard to claims 9 and 22, claims 9 and 22 recite a limitation similar to that of claim 8, discussed above. Therefore, claims 9 and 22 are patentable over Ross for at least the additional reason. Claims 26 and 28 are patentable based on their dependency.

With further regard to claims 13 and 25, claims 13 and 25 recite a limitation similar to that of claim 12, discussed above. Therefore, claims 13 and 25 are patentable over Ross for at least the additional reason discussed above with respect to the patentability of claim 12. Claims 29 and 30 are patentable based on their dependency.

Claim 24 recites the limitation of deleting the medical records of patients made and stored in the hospital information system after the records are transmitted to management system center. Moreover, claims 24 recites the limitation of deleting medical records after a designated time has passed. Ross does not disclose any teachings relevant to deleting records. Therefore, claim 24 is patentable over Ross for at least this reason.

For at least the foregoing reasons, claims 2-17 and 22-26 are patentable over Ross, and Applicant therefore requests the Examiner to withdraw the rejection.

***Claim Rejections -- 35 U.S.C. § 103***

Claims 18 and 19 stand rejected under 35 U.S.C. § 103(a) as allegedly being unpatentable over Ross and further in view of US Patent No. 6,564,121 to Wallace. Applicant respectfully traverses this rejection.

As an initial matter, there is no reason or motivation to combine the Ross and Wallace references. Ross is concerned with a system in which triage, reports, and medical records may be generated and supplied to physicians and nurses and a system in which information may be translated into patients records, instructions and prescriptions without delaying the burdening

hospital personnel. The key to Ross' system is a centralized records storage system. Nurses and doctors enter data and text and dictate information into peripherals terminals. This information is then sent to a centralized server where, for example, dictation is converted to text and stored in a record. Thus, Ross solves the problem by using a centralized system.

By contrast, Wallace is concerned with reducing error in pharmaceutical dispensing systems. Traditional methods of dispensing pharmaceuticals are 1) using an automated devices in a central pharmaceutical dispensing area, 2) having an automated devices in a patient care area, and 3) having point-of-care information systems. Wallace rejects each of these centralized systems, and proposes a solution which is a distributed system. Thus, Wallace explicitly rejects the centralized system and moves to a more distributed system. The Examiner will appreciate that one skilled in the art faced with the problem of Ross, i.e., increasing centralization of data, would not look to the distributed system of Wallace for a solution.

Moreover, Ross is concerned with increasing efficiency of data storage and collection into patient medical records, whereas the methods of Wallace would result in decreased efficiency because data must be encrypted and decrypted. Therefore, one would not look to the less efficient system of Wallace for a solution to Ross' problem.

Even if the Ross and Wallace references may be combined, they still do not teach all of the claim limitations. Claims 18 and 19 depend from independent claims 8 and 4, respectively, which have been shown above to be patentable over Ross. Wallace does not cure the

deficiencies of Ross. Therefore, claims 18 and 19 are patentable over the Ross and Wallace combination, and Applicant respectfully requests the Examiner to withdraw the rejection.

Claims 20, 21 and 27 stand rejected under 35 U.S.C. § 103(a) as allegedly being unpatentable over Ross in view of US Patent Application Publication No. 2002/0016921 to Olsen. Applicant respectfully traverses this rejection.

At an initial matter, there is no motivation or suggestion to combine the Ross and Olsen references. Ross is concerned with a system of centralized storage of medical data, wherein a nurse or doctor may log into a peripheral station and enter data which is sent to a central server. By contrast, Olsen is concerned with printing systems and using a card to control access to printing. One skilled in the art would not look to a printing system for a solution to the problems of Ross.

Even if Ross and Olsen may be combined, they still do not disclose all of the limitations of the claims. For example, claim 20 recites the limitation that a charging server calculates a using charge of the electronic medical record information managing system by each of the showing means and charges the using charge to each of the showing means. The Examiner admits that Ross does not disclose the claimed charging means, but cites Olsen as allegedly curing the deficiency. Specifically, the Examiner cites the teachings of Olsen at paragraphs 69 and 108.

However, at the cited sections of Olsen, Olsen describes a charging system based on deducting a specified amount from a card which is issued to the user. This card contains a

maximum allowable number of printed pages. The user puts a certain amount on the card, inserts the card, prints the pages, and the number of printed pages are deducted from the amount on the card. Thus, the server in Olsen does not calculate a charge, but only deducts money from a card account as specific print jobs are printed. The server in Olsen merely limits access if no credit is available on the card. Olsen thus does not show or otherwise disclose a charging server, or that the charging server charges for use of or access to the system itself, as required by the claim. Therefore, claim 20 is patentable over the Ross and Olsen combination. Moreover, claims 21 and 27 recite similar limitations to that discussed above with respect to claim 20, and therefore, claims 21 and 27 are also patentable over the Ross and Olsen combination.

Applicant thus respectfully requests that the Examiner withdraw the rejection to claims 20, 21 and 27.



***Conclusion***

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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